



2008-2009 NAVIGATOR Advertising Rates and Registration Form

Full Page----- Not Accepted

1/2 Page----- \$ 120.00
7" wide x 4 3/4 high

1/3 Page ----- \$105.00
7" wide x 3 1/4" high

1/4 Page----- \$ 90.00
7" wide x 2 1/4" high
or 3-3/8" wide by 4-3/4" high

1/8 Page----- \$ 70.00
7" wide x 1 1/4" high
or 3-3/8" wide x 2" high

1/16 Page ----- \$ 55.00
7" wide x 1/2" high
-or- 3 3/8" wide x 1" high

The *Navigator* is published bi-monthly (January/February, March/April, May/June, July/August, September/October, and November/December). The newsletter is mailed on or before the 15th of the publishing month (for example, the January/February issue would be mailed by or before January 15).

Ad rates are based on black and white artwork. If halftones are used, screen should be no finer than 120-line. Advertisements can be provided in several ways: (1) via email in PDF format is the preferred manner, or via email in TIF, JPEG, EPS, or SEA files (if an .eps or .sea file is used, a hard copy of the advertisement must be faxed to the UMAPP office (651-734-9110); (2) sent via CD; (3) camera-ready art; or (4) film.

Prepayment of advertisements: 6-time schedule (full year); deduct 25% from total price; 3-time schedule, deduct 15% from the total price. Otherwise, payment is due at the time the advertisement is sent to the UMAPP office. Please be aware that unscheduled advertisements may be returned if space is not available.

The deadline for each *Navigator* issue is the first of the preceding month (for example, the January/February publication would have a deadline of December 1).

Circulation: Approximately 825

Advertising in the UMAPP Newsletter is for member companies only



9292 Dartford Road
Woodbury, MN 55125
Phone: 651-734-9767
Fax: 651-734-9110

Registration Form for UMAPP Navigator Newsletter Advertisements

Company: _____

Contact Person: _____

Email: _____ Phone: _____

1. Size of Ad: (circle one)

1/2 page 1/3 page 1/4 page 1/8 page 1/16 page

2. Newsletter Issue: (circle all that apply)

January/February. March/April, May/June, July/August, September/October, November/December

3. Transmit Ad: (1) Email (2) CD (3) Other: _____

Email: umapp.sue@comcast.net

4. Please fax a hard copy to: 651-734-9110 (no cover sheet needed)

Payment: ___Check or ___Credit Card

Amount: \$_____

Please make checks payable to UMAPP, or complete the credit card information below.

Type of Card – circle one: Visa - MasterCard - American Express

Name on Credit Card: _____

Billing address for card: _____

City _____, State _____, Zip _____

Credit Card Number: _____ exp: _____ Mo/Yr